

## Exhibit E

2000 WEST DRY VALLEY RD LOA, UT 84747 (435) 836-2080										CNTR # 0862 5 MED REC # 5 FED TAX NO 20-0035035 6 STATEMENT COVERS PERIOD FROM 07/09/2010 THROUGH 07/31/2010									
8 PATIENT NAME										9 PATIENT ADDRESS									
b R										d MERIDEN									
10 BIRTHDATE 07/17/1995										11 SEX F									
12 DATE 7/9/10										13 I/R 3									
14 TYPE 9										15 SRC 30									
16 DHR										17 STAT									
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38 VALUEOPTIONS PO BOX 1860 LATHAM, NY 12110-1860										39 VALUE CODES AMOUNT									
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42 REV CD										43 DESCRIPTION									
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34 HCPCS / RATE / HIPPS CODE										325.00									
45 SERV DATE										07/09/2010									
46 SERV UNITS										23									
47 TOTAL CHARGES										7475.00									
48 NON COVERED CHARGES																			
PAGE 1 OF 1										CREATION DATE 03/14/2011 TOTALS 7475.00									
50 PAYER NAME										51 HEALTH PLAN ID									
VALUEOPTIONS										Y Y									
52 REL INFO										53 ASG BEN									
54 PRIOR PAYMENTS										0.00									
55 EST. AMOUNT DUE										7475.00									
56 NPI										1649482241									
57 OTHER PRV ID																			
58 INSURED'S NAME										59 REL									
R JOSEPH										19									
60 INSURED'S UNIQUE ID										61 GROUP NAME									
62 INSURANCE GROUP NO																			
63 TREATMENT AUTHORIZATION CODES										64 DOCUMENT CONTROL NUMBER									
65 EMPLOYER NAME																			
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2000 WEST DRY VALLEY RD LOA, UT 84747 (435) 836-2080										CNTR # 0863 5 MED REC # 5 FED. TAX NO 20-0035035 6 STATEMENT COVERS PERIOD FROM 08/01/2010 THROUGH 08/31/2010															
8 PATIENT NAME a										9 PATIENT ADDRESS b															
b R [REDACTED], T [REDACTED]										c CT d 06451															
16 BIRTHDATE		11 SEX		12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR		17 STAT		CONDITION CODES 22 23 24 25 26 27 28										29 ACCT STATE		30	
07/17/1995		F		7/9/10		3 9				30															
31 OCCURRENCE DATE		32 OCCURRENCE CODE		33 OCCURRENCE DATE		34 OCCURRENCE CODE		35 OCCURRENCE DATE		36 OCCURRENCE CODE		37 OCCURRENCE DATE		38 OCCURRENCE CODE		39 OCCURRENCE DATE		40 OCCURRENCE CODE		41 OCCURRENCE DATE		42 OCCURRENCE CODE			
38 VALUEOPTIONS PO BOX 1860 LATHAM, NY 12110-1860										39 CODE		40 CODE		41 CODE		42 CODE		43 CODE		44 CODE		45 CODE		46 CODE	
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43 REV CD		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV DATE		45 SERV UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49											
1001		BH R&B RES/PSYCH		325.00		08/01/2010		31		10075.00															
PAGE 1 OF 1														CREATION DATE 03/14/2011		TOTALS		10075.00							
50 PAYER NAME				51 HEALTH PLAN ID				52 REL INFO		53 ASG DEN		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		57 OTHER PRV ID		58					
VALUEOPTIONS								Y Y		0 00		10075.00													
59 INSURED'S NAME				60 INSURED'S UNIQUE ID				61 GROUP NAME				62 INSURANCE GROUP NO.													
R [REDACTED] JOSEPH				19 [REDACTED]																					
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME																	
66 DX		67		68		69		70		71		72		73											
296.32		300.00		314.01		V62.82		V61.20																	
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 EC		73																	
296.32																									
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI		77 OPERATING NPI		78 OTHER NPI		79 OTHER NPI		80													
296.32				1912108242																					
76 LAST		77 FIRST		78 LAST		79 FIRST		80 LAST		81 FIRST		82													
MCELROY		BETTY																							
83		84		85		86		87		88		89													
80 REMARKS										81				82											
CORRECTED BILLING										83				84											
Wrong Gender										85				86											
UB-04 CMS-1450										UB04L				NUPC 2012 TFP24394485											
APPROVED CMB NO. 0936-0997										THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF															

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2000 WEST DRY VALLEY RD LOA, UT 84747 (435) 836-2080										CNTL # 0863 b. MED REC. # 5 FED. TAX NO 20-0035035 6 STATEMENT COVERS PERIOD FROM 09/01/2010 THROUGH 09/30/2010									
8 PATIENT NAME b. R. T.										9 PATIENT ADDRESS b. MERIDEN									
10 BIRTHDATE 07/17/1995 11 SEX F 12 DATE 7/9/10 13 ADMISSION 3 14 TYPE 9 15 SRC 30 16 DHR 17 STAI 18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE										c. CT d. 06451									
31 OCCURRENCE DATE 32 OCCURRENCE DATE 33 OCCURRENCE DATE 34 OCCURRENCE DATE 35 OCCURRENCE DATE										36 OCCURRENCE SPAN FROM THROUGH 37 OCCURRENCE SPAN FROM THROUGH									
38 VALUEOPTIONS PO BOX 1860 LATHAM, NY 12110-1860										39 VALUE CODES AMOUNT 40 VALUE CODES AMOUNT 41 VALUE CODES AMOUNT									
42 REV. CD 001 43 DESCRIPTION BH R&B RES/PSYCH 44 HCPCS / IATE / HIPPS CODE 325.00 45 SERV. DATE 09/01/2010 46 SERV. UNITS 30 47 TOTAL CHARGES 9750.00 48 NOW-COVERED CHARGES 49										50 PAYER NAME VALUEOPTIONS 51 HEALTH PLAN ID 52 REL. INFO Y 53 AGG. BEN Y 54 PRIOR PAYMENTS 0.00 55 EST. AMOUNT DUE 9750.00 56 NPI 1649482241 57 OTHER 58 NPI 59 INSURED'S NAME R. JOSEPH 60 INSURED'S UNIQUE ID 19 61 GROUP NAME 62 INSURANCE GROUP NO. 63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME 66 296.32 300.00 314.01 V62.82 V61.20 67 68 69 ADMIT 296.32 70 PATIENT REASON DX 71 PPS CODE 72 ECI 73 74 PRINCIPAL PROCEDURE CODE 75 76 ATTENDING NPI 1912108242 77 OPERATING NPI 78 OTHER NPI 79 OTHER NPI 80 REMARKS Wrong Gender CORRECTED BILLING									

UB-04 CMS-T430

APPROVED QMS NO. 0638-0567

UB04L

NUBC TFP24394485

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

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2000 WEST DRY VALLEY RD LOA, UT 84747 (435) 836-2080										CNTR # 0863 b. MED. REC. # 5 FED. TAX NO. 20-0035035 6 STATEMENT COVERS PERIOD FROM 10/01/2010 THROUGH 10/31/2010									
8 PATIENT NAME b. R. T. [REDACTED]										9 PATIENT ADDRESS b. MERIDEN CT d. 06451									
10 BIRTHDATE 07/17/1995 11 SEX F 12 DATE 7/9/10 13 HR 3 14 TYPE 9 15 SRC 30 16 DHR 17 STAT 18 19 20 21 22 23 24 25 26 27 28 29 ACOT STATE 30										31 OCCURRENCE CODE 32 OCCURRENCE DATE 33 OCCURRENCE CODE 34 OCCURRENCE DATE 35 OCCURRENCE CODE 36 OCCURRENCE DATE 37									
38 VALUEOPTIONS PO BOX 1860 LATHAM, NY 12110-1860										39 VALUE CODES AMOUNT 40 VALUE CODES AMOUNT 41 VALUE CODES AMOUNT									
42 REV. CD. 001 43 DESCRIPTION BH R&B RES/PSYCH 44 HCPCS / RATE / HPPS CODE 325.00 45 SERV. DATE 10/01/2010 46 SERV. UNITS 31 47 TOTAL CHARGES 10075.00 48 NON-COVERED CHARGES 49																			
PAGE 1 OF 1										CREATION DATE 03/14/2011 TOTALS 10075.00									
50 PAYER NAME VALUEOPTIONS 51 HEALTH PLAN ID 52 REL. INFO Y 53 ABO. DEN. Y 54 PRIOR PAYMENTS 0.00 55 EST. AMOUNT DUE 10075.00 56 NPI 1649482241 57 OTHER 58 INSURED'S NAME JOSEPH 59 P. REL. 19 60 INSURED'S UNIQUE ID 61 GROUP NAME 62 INSURANCE GROUP NO. 63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME 66 296.32 300.00 314.01 V62.82 V61.20 67 68 69 ADMIT DX 296.32 70 PATIENT REASON DX 71 PPS CODE 72 ECI 73 74 PRINCIPAL PROCEDURE CODE 75 ATTENDING NPI 1912108242 76 MCELROY 77 OPERATING NPI 78 OTHER NPI 79 OTHER NPI 80 REMARKS Wrong Gender CORRECTED BILLING										76 FIRST BETTY 77 QUAL 78 FIRST 79 QUAL 80 FIRST									

UB 04 CMS-1450

APPROVED OMB NO. 0538-0597

UB04L

NURC (NATIONAL) TFP24394485

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

000102

ASPEN RANCH 2000 WEST DRY VALLEY RD LOA, UT 84747 (435) 836-2080										CNTL # 0000000000 0863 5 MED. REC. # 6 STATEMENT COVERS PERIOD FROM 11/01/2010 THROUGH 11/30/2010 7 8 PATIENT NAME 9 PATIENT ADDRESS 10 BIRTHDATE 07/17/1995 11 SEX F 12 DATE 7/9/10 13 HR 3 14 TYPE 9 15 SRC 30 16 DHR 30 17 STAT 18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE 30 31 OCCURRENCE CODE 32 OCCURRENCE DATE 33 OCCURRENCE DATE 34 OCCURRENCE DATE 35 OCCURRENCE DATE 36 OCCURRENCE SPAN FROM THROUGH 37 OCCURRENCE SPAN FROM THROUGH 38 39 VALUE CODES AMOUNT 40 VALUE CODES AMOUNT 41 VALUE CODES AMOUNT 42 REV. CD 001 43 DESCRIPTION BH R&B RES/PSYCH 44 HCPCS / RATE / HIPPS CODE 325.00 45 SERV DATE 11/01/2010 46 SERV UNITS 30 47 TOTAL CHARGES 9750.00 48 NON COVERED CHARGES 49 PAGE 1 OF 1 CREATION DATE 03/14/2011 TOTALS 9750.00 50 PAYER NAME VALUEOPTIONS 51 HEALTH PLAN ID 52 REL INFO Y 53 ASSO BEN Y 54 PRIOR PAYMENTS 0.00 55 EST. AMOUNT DUE 9750.00 56 NPI 1649482241 57 OTHER PRV ID 58 INSURED'S NAME R. JOSEPH 59 P. REL 19 60 INSURED'S UNIQUE ID 61 GROUP NAME 62 INSURANCE GROUP NO. 63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME 66 296.32 300.00 314.01 V62.82 V61.20 68 69 ADMIT 296.32 70 PATIENT REASON DX 71 PPS CODE 72 ED 73 74 PRINCIPAL PROCEDURE DATE 75 OTHER PROCEDURE DATE 76 OTHER PROCEDURE DATE 77 OTHER PROCEDURE DATE 78 ATTENDING NPI 1912108242 QUAL LAST MCELROY FIRST BETTY 79 OPERATING NPI QUAL LAST FIRST 79 OTHER NPI QUAL LAST FIRST 80 REMARKS CORRECTED BILLING Wrong Gender 81 CC a b c d									
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UB-04 CMS-1450

APPROVED OMB NO 0938-0907

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THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

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ASPEN RANCH 2000 WEST DRY VALLEY RD LOA, UT 84747 (435) 836-2080										CNTL # 0000000000 b. MED REC # 0863 5 FED TAX NO. 20-0035035 6 STATEMENT COVERS PERIOD FROM 02/01/2011 THROUGH 02/28/2011									
8 PATIENT NAME b. [REDACTED]										9 PATIENT ADDRESS b. MERIDEN c. CT d. 06451									
10 BIRTHDATE 07/17/1995 11 SEX F 12 DATE 7/9/10 13 HR 3 14 TYPE 9 15 SRC 30 16 DHR 17 STAT 18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE 30										31 OCCURRENCE CODE 32 OCCURRENCE DATE 33 OCCURRENCE CODE 34 OCCURRENCE DATE 35 CODE 36 OCCURRENCE SPAN FROM THROUGH 37 CODE 38 OCCURRENCE SPAN FROM THROUGH									
38 VALUEOPTIONS PO BOX 1860 LATHAM, NY 12110-1860										39 CODE 40 CODE 41 CODE									
42 REV CD 0001 43 DESCRIPTION BHR&B RES/PSYCH 44 HCPCS / RATE / NPPS CODE 325.00 45 SERV DATE 02/01/2011 46 SERV UNITS 28 47 TOTAL CHARGES 9100 00 48 NON-COVERED CHARGES										49									
PAGE 1 OF 1 CREATION DATE 03/14/2011 TOTALS 9100 00										50 PAYER NAME VALUEOPTIONS 51 HEALTH PLAN ID 52 REL Y 53 BEN Y 54 PRIOR PAYMENTS 0 00 55 EST. AMOUNT DUE 9100 00 56 NPI 1649482241 57 OTHER 58 INSURED'S NAME JOSEPH 59 REL 19 60 INSURED'S UNIQUE ID 61 GROUP NAME 62 INSURANCE GROUP NO. 63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME 66 296.32 300.00 314.01 V62.82 V61.20 67 68 69 ADMIT 296.32 70 PATIENT REASON DX 71 PPS CODE 72 ECI 73 74 PRINCIPAL PROCEDURE CODE 75 76 ATTENDING NPI 1912108242 77 OPERATING NPI 78 OTHER NPI 79 OTHER NPI 80 REMARKS 81 CC 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100									

UB-04 CMS-1450

APPROVED OKIB NO 02341-0997

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THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

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1 ASPEN RANCH 2000 WEST DRY VALLEY RD LOA, UT 84747 (435) 836-2080										2										3a PAT. CMTL # b. MED. REC. # 5 FED. TAX NO. 20-0035035										4 TYPE OF BILL 0863																																																	
8 PATIENT NAME b R [REDACTED] T [REDACTED]										9 PATIENT ADDRESS b MERIDEN										c CT d 06451																																																											
10 BIRTHDATE 07/17/1995		11 SEX F		12 DATE 7/9/10		13 HR		14 TYPE 3		15 SRC 9		16 DHR 30		17 STAT		18		19		20		21		22		23		24		25		26		27		28		29 ACOT STATE		30																																							
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE		35 OCCURRENCE CODE		36 OCCURRENCE DATE		37 OCCURRENCE CODE		38 OCCURRENCE DATE		39 OCCURRENCE CODE		40 OCCURRENCE DATE		41 OCCURRENCE CODE		42 OCCURRENCE DATE		43 OCCURRENCE CODE		44 OCCURRENCE DATE		45 OCCURRENCE CODE		46 OCCURRENCE DATE		47 OCCURRENCE CODE		48 OCCURRENCE DATE		49 OCCURRENCE CODE		50 OCCURRENCE DATE																																									
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PAGE 1 OF 1										CREATION DATE 04/08/2011										TOTALS										10075.00																																																	
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58 INSURED'S NAME JOSEPH										59 P. REL. 19										60 INSURED'S UNIQUE ID [REDACTED]										61 GROUP NAME										62 INSURANCE GROUP NO.																																							
63 TREATMENT AUTHORIZATION CODES										64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME																																																											
66 DX 296.32										300.00										314.01										V62.82										V61.20										68																													
69 ADMIT DX 296.32										70 PATIENT REASON DX										71 PPS CODE										72 EQ										73																																							
74 PRINCIPAL PROCEDURE CODE										75 OTHER PROCEDURE CODE										76 ATTENDING NPI 1912108242										77 OPERATING NPI										78 OTHER NPI										79 OTHER NPI																													
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80 REMARKS										81 CC a b c d										82 ATTENDING NPI										83 OPERATING NPI										84 OTHER NPI										85 OTHER NPI																													

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JB 04 CMS-1500

APPROVED OMB NO 0938-0097

UB041

NIBC FORM TFP24394485

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

000107

ASPEN RANCH 2000 WEST DRY VALLEY RD LOA, UT 84747 (435) 836-2080										CNTRL. # [REDACTED] L. MED. REC. # [REDACTED] 5 FED. TAX NO. 20-0035035 6 STATEMENT COVERS PERIOD FROM 04/01/2011 THROUGH 04/30/2011 7 0863									
4 PATIENT NAME [REDACTED] 9 PATIENT ADDRESS [REDACTED]										10 BIRTHDATE 07/17/1995 11 SEX F 12 DATE 7/9/10 13 ADMISSION 13 HR 3 14 TYPE 9 15 SRC 30 16 DHR 18 17 STAT 19 20 21 22 23 24 25 26 27 28 29 30 ACCT STATE									
31 OCCURRENCE CODE 32 OCCURRENCE CODE 33 OCCURRENCE CODE 34 OCCURRENCE CODE 35 OCCURRENCE CODE 36 OCCURRENCE CODE 37 OCCURRENCE CODE										38 VALUE CODES AMOUNT 39 VALUE CODES AMOUNT 40 VALUE CODES AMOUNT 41 VALUE CODES AMOUNT									
42 REV. CD 001 43 DESCRIPTION BH R&B RES/PSYCH 44 HCPCS / RATE / HIPPS CODE 325.00 45 SERV. DATE 04/01/2011 46 SERV. UNITS 30 47 TOTAL CHARGES 9750.00 48 NON-COVERED CHARGES 49										50 PAYER NAME VALUEOPTIONS 51 HEALTH PLAN ID 52 REL. INFO Y 53 ASST. BEN. Y 54 PRIOR PAYMENTS 0.00 55 EST. AMOUNT DUE 9750.00 56 NPI 1649482241 57 OTHER PRV ID 58 INSURED'S NAME JOSEPH 59 P. REL. 19 60 INSURED'S UNIQUE ID [REDACTED] 61 GROUP NAME 62 INSURANCE GROUP NO. 63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME 66 296.32 67 300.00 68 314.01 69 V62.82 70 V61.20 71 ADMIT DX 296.32 72 PATIENT REASON DX 73 OTHER PROCEDURE CODE 74 OTHER PROCEDURE CODE 75 OTHER PROCEDURE CODE 76 ATTENDING NPI 912108242 77 LAST MCELROY 78 FIRST BETTY 79 OPERATING NPI 80 LAST 81 OTHER NPI 82 LAST 83 OTHER NPI 84 LAST 85 OTHER NPI 86 LAST 87 OTHER NPI 88 LAST 89 OTHER NPI 90 REMARKS 91 RICC 92 a 93 b 94 c 95 d									
50 PAYER NAME VALUEOPTIONS 51 HEALTH PLAN ID 52 REL. INFO Y 53 ASST. BEN. Y 54 PRIOR PAYMENTS 0.00 55 EST. AMOUNT DUE 9750.00 56 NPI 1649482241 57 OTHER PRV ID 58 INSURED'S NAME JOSEPH 59 P. REL. 19 60 INSURED'S UNIQUE ID [REDACTED] 61 GROUP NAME 62 INSURANCE GROUP NO. 63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME 66 296.32 67 300.00 68 314.01 69 V62.82 70 V61.20 71 ADMIT DX 296.32 72 PATIENT REASON DX 73 OTHER PROCEDURE CODE 74 OTHER PROCEDURE CODE 75 OTHER PROCEDURE CODE 76 ATTENDING NPI 912108242 77 LAST MCELROY 78 FIRST BETTY 79 OPERATING NPI 80 LAST 81 OTHER NPI 82 LAST 83 OTHER NPI 84 LAST 85 OTHER NPI 86 LAST 87 OTHER NPI 88 LAST 89 OTHER NPI 90 REMARKS 91 RICC 92 a 93 b 94 c 95 d										PAGE 1 OF 1 CREATION DATE 05/10/2011 TOTALS 9750.00									

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 UB-04 CMS-1450 APPROVED CLAIM NO. 09367697 UB04L NUBC 210000 1F021394485 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

000108

<b>ASPEN RANCH</b> 2000 WEST DRY VALLEY RD LOA, UT 84747 (435) 836-2080										26 FILL IN D. MED. REC. # [REDACTED]										27 OFFICE BILL # 0863																																																	
5 FED. TAX NO. 20-0035035										6 STATEMENT COVERS PERIOD FROM 05/01/2011										7 THROUGH 05/31/2011																																																	
8 PATIENT NAME [REDACTED]										9 PATIENT ADDRESS [REDACTED]										10 CT 06451																																																	
11 BIRTHDATE 07/17/1995										12 SEX F										13 DATE 7/9/10										14 ADMISSION 13 HR 14 TYPE 15 SRG 16 DHR 3 9 30										17 STAT 30										18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE																			
31 OCCURRENCE CODE DATE										32 OCCURRENCE CODE DATE										33 OCCURRENCE CODE DATE										34 OCCURRENCE CODE DATE										35 OCCURRENCE CODE DATE										36 OCCURRENCE SPAN FROM THROUGH										37 OCCURRENCE SPAN FROM THROUGH									
38 VALUE OPTIONS PO BOX 1860 LATHAM, NY 12110-1860										39 VALUE CODES CODE AMOUNT										40 VALUE CODES CODE AMOUNT										41 VALUE CODES CODE AMOUNT																																							
42 REV. CD 001										43 DESCRIPTION BH R&B RES/PSYCH										44 HCPCS / RATE / HIPPS CODE 325.00										45 SERV. DATE 05/01/2011										46 SERV. UNITS 31										47 TOTAL CHARGES 10075 00										48 NON-COVERED CHARGES 49									
PAGE 1 OF 1										CREATION DATE 06/14/2011										TOTALS 10075 00																																																	
50 PAYER NAME VALUEOPTIONS										51 HEALTH PLAN ID										52 REL Y										53 AS3 Y										54 PRIOR PAYMENTS 0 00										55 EST. AMOUNT DUE 10075 00										56 NPI 1649482241									
58 INSURED'S NAME [REDACTED] JOSEPH										59 P.REL 19										60 INSURED'S UNIQUE ID [REDACTED]										61 GROUP NAME										62 INSURANCE GROUP NO.																													
63 TREATMENT AUTHORIZATION CODES										64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME																																																	
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APPROVED CMB NO 0930-0987

UB04L

NUBC TFP24394485

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

000109

1 ASPEN RANCH 2000 WEST DRY VALLEY RD LOA, UT 84747 (435) 836-2080		2		3a PAT CNTRL # b. MED. REC. #		c. STATEMENT COVERS PERIOD FROM 06/01/2011 THROUGH 06/17/2011		d. 0863	
6 PATIENT NAME		7 PATIENT ADDRESS		8		9		10	
b. T		b. MERIDEN		c. CT		d. 06451		e.	
10 BIRTH DATE 07/17/1995		11 SEX F		12 DATE 7/9/10		13 HR 3		14 SRC 9	
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